

APPENDIX H
Range Forms and Maps

APPLICATION FOR RADIO FREQUENCY ASSIGNMENT

FROM COMMANDER _____
REQUESTING UNIT: _____
COMPLETE ADDRESS: _____

POINT OF CONTACT: _____ TELEPHONE: _____

TO DEVENS RFTA
SUPPORT SERVICES DIVISION
ATTN: IMNE-DEV-ISS
DEVENS, MA 01434-5409

1. TYPE OF FREQUENCY: HF: _____ FM: _____
2. HOURS OF OPERATION: _____
3. DURATION OF REQUIREMENT: _____
4. NUMBER OF FREQUENCIES: _____
5. MOBILE: _____ FIXED: _____
6. TRANSMITTER LOCATION: _____
7. RECEIVER LOCATION: _____
8. ANTENNA NAME: _____
9. TRANSMITTER NOMENCLATURE: _____
10. COMPLETE THE FOLLOWING FOR HF ONLY:
 - a. EMISSION: _____
 - b. POWER: _____
 - c. TRANSMITTER ANTENNA AZIMUTH: _____
 - d. FREQUENCY RANGE: _____

FREQUENCY MANAGER TELEPHONE: DSN: 256-3098/COM: 978-796-3098/FAX: 2131